

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 14, 1990

ALL-COUNTY LETTER NO. 90-108

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC-FAMILY GROUP AND UNEMPLOYED - REPORT ON REASONS
FOR DENIALS AND OTHER NONAPPROVALS OF APPLICATIONS
FOR CASH GRANTS


REFERENCE: MANUAL OF POLICIES AND PROCEDURES 26-219

This letter transmits a camera-ready copy of the AFDC Denial Report (Form ABCD 255) and instructions. Changes to the report and instructions were necessary due to reporting changes mandated by the U.S. Department of Health and Human Services (DHHS) and recently received by the State Department of Social Services (SDSS). Changes to the report are as follows:

1. Changing the report from a quarterly report to a monthly report, and
2. The addition of "Failure to comply with Job Opportunities and Basic Skills Training (JOBS) program requirements."

These reporting changes will be effective with the January 1991 report month. The first report to SDSS on the new form will be due to the Statistical Services Bureau by the 12th working day following the report month. Subsequent reports will also be due by the 12th working day of the month following the report month.

Any questions regarding these changes should be directed to Mr. Levy St. Mary, Statistical Services Bureau, at (916) 445-2135.


DENNIS J. BOYLE
Deputy Director

Enclosures

cc: CWDA

INSTRUCTIONS

AFDC - FAMILY GROUPS AND UNEMPLOYED REPORT ON DENIALS AND OTHER NONAPPROVALS OF APPLICATIONS FOR CASH GRANT (FORM ABCD 255)

CONTENT

This report provides monthly data on applications and requests for restoration of the AFDC-FG and AFDC-U programs which have been denied or otherwise disposed of without approval, classified by primary reason for action.

PURPOSE

The purpose of this report is to provide data for analysis of the reasons for denial or other nonapproval or request for aid. The data will be used in the preparation of estimates concerning the implications of changes in eligibility requirements and in the evaluation of eligibility requirements now in effect.

DISTRIBUTION

Information on the reasons for denial or other nonapproval of applications for money payments is required to meet the reporting requirements of the U.S. Department of Health and Human Services.

DUE DATE

Reports are to be received in Sacramento not later than the 12th working day of the calendar month following the report month.
Mail to:

Department of Social Services
Statistical Services Bureau
744 P Street, Mail Station 19-81
Sacramento, CA 95814

DEFINITIONS

An application for aid (cash grant) which is not approved may be disposed of by (1) denial, or (2) other nonapproval. A finding that an applicant is ineligible to receive a cash grant results in a denial. Also, by regulations, the application of an applicant (1) whose whereabouts are unknown or (2) who has established residence in another state is denied. Removal of the applicant to another county in this state is not a cause or

reason for denial; the county receiving the application completes the determination of eligibility and, if appropriate, initiates intercounty transfer procedures. Referral of an applicant to another program or agency is not, in itself, a reason for denial of an application for cash grant.

GENERAL INSTRUCTIONS

When an application for cash grant is denied or otherwise disposed of without approval (withdrawal or cancellation), the reason for the action will be reported on Form ABCD 255. One form is to be submitted monthly. Only one reason for each application not approved may be reported; it must be chosen from those set forth in the following sections and appearing on the form. If more than one reason is applicable, the reason that is considered most important by the caseworker is to be used. Reasons for denial of AFDC applications have been categorized, and grouped accordingly, to correspond with the specific reasons for denial classifications required for federal reporting and are part of these instructions (see Denial Reason Code Classification List: 26-219.90).

PART A. REASONS FOR DENIALS OF CASH GRANT

Totals denials of cash grant - Enter the number of applications denied aid during the quarter due to ineligibility for a cash grant. Individual denials are to be classified according to the reason included in the written notification to the applicant that the application has been denied. This item will be the sum of Items 1 through 9. Also, Item 1 through 9 must equal the quarterly total of the figures reported in Item 4b on Form CA 237 FG/U.

1. **No eligible child** - Enter in this item the number of denials that resulted from a determination that the applicant has no child who met the specific conditions of eligibility for AFDC. Include the following applicable reason codes as indicated on the Denial Reason Code Classification List: Codes 10, 13, 15, 16, 29.
2. **Not deprived of support or care** - Enter in this item the number of denials that resulted from a determination that the child(ren) for whom the application for a cash grant was made was to be deprived of parental support or care. Include the following applicable reason codes as indicated on the Denial Reason Code Classification List: Codes 14, 17 (AFDC-U only).

3. **Resource exceeds limits** - Enter in this item the number of denials with a determination made that the applicant had resources in excess of limits permitted for AFDC eligibility: Code 02.
4. **Income exceeds standards** - Enter in this item the number of denials that resulted from a determination that the applicant had income in excess of limits permitted for AFDC eligibility: Code 01.
5. **Failure to comply with procedural requirements** - Enter in this item the number of denials that resulted from the failure of a member of the applicant group to comply with procedural requirement specified for AFDC eligibility. Include the following applicable reason codes as indicated in the Denial Reason Code Classification List: Codes 31, 32, 33, 34, 35, 39.
6. **Failure to comply with JOBS procedures**. Enter in this item the number of denials that resulted from the failure of a member of the applicant group to comply with a procedural requirement specified for JOBS program eligibility. For example, applicant refused to accept training services, register for work, appear for work, etc. Codes 36, 37, 38.
7. **Undocumented alien** - Enter in this item the number of denials that resulted from a determination that the applicant did not meet the citizenship requirements for AFDC eligibility: Code 19.
8. **Nonresident** - Enter in this item the number of denials that resulted from a determination that the applicant did not meet the residence requirements for AFDC eligibility: Code 18.
9. **State-only AFDC-U eligibility exhausted** - Enter in this item the number of applications for State-only AFDC-U denied because eligibility for the State-only AFDC-U program has expired: Code 50.

Enter the number of nonapprovals other than denials.

10. **Application withdrawn** - Enter in this item the number of applications disposed of due to the withdrawal of the application. Include the following applicable reason codes as indicated on the Denial Reason Code Classification List: Code 42, 43.

11. Unable to locate or moved - Enter in this item the number of applications denied because the agency was unable to locate the applicant, the applicant moved to another jurisdiction or state. Include the following applicable reason codes as indicated on the Denial Reason Code Classification List:
Codes 40, 41.
12. To be used only on instructions from the Department of Social Services:
 - a. Code 51
 - b. Code 52
 - c. _____

FORM ABCD 255 AND DENIAL REASON CODE CLASSIFICATION LIST

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. If there is nothing to report on an item, enter "0"; however, if there is nothing to report on any of the items in Part A or Part B, draw a line across the entire Part - zero entries need not be made in this instance.

DENIAL REASON CODE CLASSIFICATION LIST
FOR FORM ABCD 255

1. No eligible child

Code	Reason for Denial
10	Age
13	Living in a public nonmedical institution
15	Child not living with relative of required relationship
16	Child not enrolled in school (18 year olds only)
29	Other (do not use if applicable reason is listed above)

2. Not deprived of support or care

Code	Reason for Denial
14	Child not deprived of parental support or care
17	Parent not unemployed (AFDC-U only)

3. Resource exceeds limits

Code	Reason for Denial
02	Other resources exceed allowable limits

4. Income exceeds standards

Code	Reason for Denial
01	Income exceeds allowable limits

DENIAL REASON CODE CLASSIFICATION LIST
FOR FORM ABCD 255 (Continued)

5. Failure to comply with procedural requirements

Code	Reason for Denial
31	Relatives' responsibility provision
32	Refused to register for and to seek work
33	Refused suitable work, referred by Employment Development Department
34	Refused suitable work, other source of employment
35	Refused to accept training or education
39	Other refusal to comply with requirements

6. Failure to comply with JOBS program procedures

Code	Reason for Denial
36	Refused to accept training services (under JOBS)
37	Refused to register, appear for or seek work (Under JOBS)
38	Other refusal to comply with JOBS program requirements

7. Undocumented alien

Code	Reason for Denial
19	Ineligible because of alien status

DENIAL REASON CODE CLASSIFICATION LIST
FOR FORM ABCD 255 (Continued)

8. Nonresident

Code	Reason for Denial
18	Does not meet residence requirements

9. State-only AFDC-U eligibility exhausted

Code	Reason for Denial
50	Ineligible for State-only AFDC-U because eligibility is exhausted

Reason for Nonapprovals Other Than Denials

10. Application withdrawn

Code	Reason for Nonapproval
42	Death of applicant or dependent child
43	Withdrawal of application by applicant

11. Unable to locate or moved

Code	Reason for Denial
40	Unable to locate
41	Established residence in another state

12. To be used only on instructions from the Department of Social Services

Code

51

52

Send this copy to:

DEPARTMENT OF SOCIAL SERVICES (SDSS)

Statistical Services

744 P Street, M.S. 19-81

Sacramento, CA 95814

AFDC-FAMILY GROUP AND UNEMPLOYEDREPORT ON REASONS FOR DENIALS AND OTHER NONAPPROVALS
OF APPLICATIONS FOR CASH GRANT

ITEM	AFDC	
	FG	U
PART A. REASONS FOR DENIALS OF CASH GRANT		
Total denials of cash grant (Same at Item 4b. Form CA 237 FG/U).....		
1. No eligible child.....		
2. Not deprived of support or care.....		
3. Resources exceeds limits.....		
4. Income exceeds standards.....		
5. Failure to comply with procedural requirements.....		
6. Failure to comply with JOBS program requirements		
7. Undocumented alien.....		
8. Nonresident.....		
9. State-only AFDC-U eligibility exhausted.....		STATE-ONLY AFDC-U
PART B. REASONS FOR NONAPPROVALS OTHER THAN DENIALS	FG	U
10. Application withdrawn.....		
11. Unable to locate or moved.....		
PART C. SPECIAL INFORMATION	FG	U
12. To be used only on Instructions from SDSS:		
a. _____		
b. _____		
c. _____		
Report prepared by:	Telephone ()	Date Prepared / /